



**APPLICATION FOR**  
**CERTIFICATE OF REMOVAL REGISTRATION**

FOR VALIDATION ONLY

- *Please type or print clearly in dark ink*
- *Include an authorized signature on page 2*

**Make remittance payable to State Treasurer.**  
**Send this application with your remittance to:**  
**Department of Licensing**  
**PO Box 9048**  
**Olympia, WA 98507-9048**

**FUNERAL ESTABLISHMENT INFORMATION**

NAME			*SOCIAL SECURITY NO.	
STREET ADDRESS				
CITY		STATE	ZIP	COUNTY
DAYTIME TELEPHONE NO.	MAILING ADDRESS (IF DIFFERENT)			
LOCATION MANAGER OR CONTACT PERSON'S NAME (LAST, FIRST, MIDDLE INITIAL)				
TYPE OF BUSINESS (CHECK ONE)				
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation				

**SOLE PROPRIETOR, PARTNER, CORPORATE OFFICER DATA**

NAME		TITLE (SOLE PROPRIETOR, PARTNER, CORPORATE OFFICER)		
ADDRESS	CITY	STATE	ZIP	
NAME		TITLE (PARTNER, CORPORATE OFFICER)		
ADDRESS	CITY	STATE	ZIP	
NAME		TITLE (PARTNER, CORPORATE OFFICER)		
ADDRESS	CITY	STATE	ZIP	
NAME		TITLE (PARTNER, CORPORATE OFFICER)		
ADDRESS	CITY	STATE	ZIP	
NAME		TITLE (PARTNER, CORPORATE OFFICER)		
ADDRESS	CITY	STATE	ZIP	
NAME		TITLE (PARTNER, CORPORATE OFFICER)		
ADDRESS	CITY	STATE	ZIP	
NAME		TITLE (PARTNER, CORPORATE OFFICER)		
ADDRESS	CITY	STATE	ZIP	

Attach an additional page if needed

**See Page 2 For Required Signature**

<b>FOR OFFICE USE ONLY</b>	
24003 _____	Cert. Date _____
_____	Cert. No. _____

## CERTIFICATION



I, \_\_\_\_\_, am the owner,  
*First Name Middle Initial Last Name*  
partner, or corporate officer of the establishment whose name appears on this application. I hereby acknowledge that I am responsible for all acts in connection with the operation of said establishment and that all the above statements are true and correct to the best of my knowledge and belief.

Signature of owner, partner, or corporate officer **X** \_\_\_\_\_

Date \_\_\_\_\_

**If application information is incomplete, the application will not be processed.**

***Upon filing, this application becomes a public record and is subject to the public disclosure provisions of RCW 42.17.***

## **APPLICATION INSTRUCTIONS FOR CERTIFICATE OF REMOVAL REGISTRATION**

An application for a Certificate of Removal Registration must be completed and sent to the Department of Licensing, along with the appropriate fee. Funeral establishments licensed in another state contiguous to Washington, with laws substantially similar, may apply for this registration for the limited purpose of removing human remains from Washington State prior to submitting a Certificate of Death.

- Each branch of a registrant's funeral establishment is a separate establishment, and must be registered as a fixed place of business.
- Certificates of Death are governed by RCW 70.58.160.
- Notices of Removal and disposition permits are governed by RCW 70.58.230
- The conduct of funeral directors, embalmers or any other person employed by or acting on behalf of a removal registrant is the direct responsibility of the holder of the Certificate of Removal Registration.
- The Board of Funeral Directors and Embalmers may impose sanctions upon the holder of a Certificate of Removal Registration if the registrant is found to be in violation of any death care statute or rule.
- Certificates of Removal Registration expire January 31, or as otherwise determined by the Director.

### **FEES**

<b>Initial Application Fee</b>	<b>\$30.00</b>
<b>Annual Renewal</b>	<b>\$15.00</b>

Please send your completed application to:

Department of Licensing  
Funeral and Cemetery Office  
P.O. Box 9048  
Olympia, WA 98506-9048